

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90032 025 \*\*\*150.00

<b>DOCUMENT # P95000019795</b> 1. Entity Name <b>CAMEO CORP.</b>			
Principal Place of Business <b>1940 HARRISON ST</b> <b>STE 300</b> <b>HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>1940 HARRISON ST</b> <b>STE 300</b> <b>HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business <b>1930 Harrison St</b> Suite, Apt. #, etc. <b>#503</b>		3. Mailing Address <b>1930 Harrison St</b> Suite, Apt. #, etc. <b>#503</b>	
City & State <b>Hollywood, FL</b> Zip <b>33020</b> Country <b>USA</b>		City & State <b>Hollywood, FL</b> Zip <b>33020</b> Country <b>USA</b>	
4. FEI Number <b>65-0562512</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SEGAL, DEBORAH M</b> <b>1940 HARRISON ST</b> <b>STE 300</b> <b>HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1930 Harrison St</b> <b>#503</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>SEGAL, WILLIAM C</b> STREET ADDRESS <b>1940 HARRISON ST, STE 300</b> CITY-ST-ZIP <b>HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete	TITLE <b>1930 Harrison St #503</b> STREET ADDRESS <b>1930 Harrison St #503</b> CITY-ST-ZIP <b>1930 Harrison St #503</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VS</b> NAME <b>SEGAL, DEBORAH M</b> STREET ADDRESS <b>1940 HARRISON ST, STE 300</b> CITY-ST-ZIP <b>HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete	TITLE <b>1930 Harrison St #503</b> STREET ADDRESS <b>1930 Harrison St #503</b> CITY-ST-ZIP <b>1930 Harrison St #503</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Deborah Segal</u> <u>VP</u> <u>3/14/05</u> <u>954-907-4595</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			